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PTO/SB/50 (08-00)

Approved for use through 12/30/2000. OMB 0651-0033

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REISSUE PATENT APPLICATION TRANSMITTAL

Address to:

Assistant Commissioner for Patents
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Washington, DC 20231

Attorney Docket No.

501.32049RV1

First Named Inventor

Yujiro KAJIHARA

Original Patent Number

5,637,913

Original Patent Issue Date
(Month/Day/Year)

10 June 1997

Express Mail Label No.

APPLICATION FOR REISSUE OF:

(Check applicable box)



Utility Patent



Design Patent



Plant Patent

APPLICATION ELEMENTS (37 CFR 1.173)

1. ☒ Fee Transmittal Form (PTO/SB/56)
(Submit an original, and a duplicate for fee processing)
2. ☐ Applicant claims small entity status. See 37 CFR 1.27.
3. ☒ Specification and Claims in double column copy of patent
format (amended, if appropriate)
4. ☒ Drawing(s) (proposed amendments, if appropriate)
5. ☒ Reissue Oath/Declaration (original or copy)
(37 C.F.R. § 1.175) (PTO/SB/51 or 52)
6. Original U.S. Patent currently assigned?
☒ Yes ☐ No
(If Yes, check applicable box(es))
☐ Written Consent of all Assignees (PTO/SB/53)
☒ 37 C.F.R. § 3.73(b) Statement ☐ Power of Attorney
(PTO/SB/96)

ACCOMPANYING APPLICATION PARTS

7. ☒ Statement of status/support for all changes to
the claims. See 37 CFR 1.173 (c).
8. ☐ Original U.S. Patent for surrender
☐ Ribbonded Original Patent Grant
☐ Statement of Loss (PTO/SB/55)
9. ☒ Foreign Priority Claim (35 U.S.C. 119)
(if applicable)
10. ☒ Information Disclosure Statement (IDS)/PTO-1449 ☐ Copies of IDS
Citations
11. ☐ English Translation of Reissue Oath/Declaration
(if applicable)
12. ☒ Preliminary Amendment
13. ☒ Return Receipt Postcard (MPEP 503)
(Should be specifically itemized)
14. Other: Form PTO-2038

15. CORRESPONDENCE ADDRESS



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16 November 2001

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REISSUE APPLICATION FEE TRANSMITTAL FORM						Docket Number (Optional) 501.32049VR1		
Claims as Filed - Part 1								
Claims in Patent		Number Filed in Reissue Application	(3) Number Extra	Small Entity		Other than a Small Entity		
				Rate	Fee	Rate	Fee	
(A) 14	Total Claims (37 CFR 1.16(j))	(B) 11	**** 0 =	x \$	=	or	x \$ 18 = 0	
(C) 4	Independent claims (37 CFR 1.16(i))	(D) 4	* 0 =	x \$	=		x \$ 84 = 0	
Basic Fee (37 CFR 1.16(h)) \$								\$ 740
Total Filing Fee \$							OR \$ 740	
Claims as Amended - Part 2								
	(1) Claims Remaining After Amendment		(2) Highest Number Previously Paid For	(3) Extra Claims Present	Small Entity		Other than a Small Entity	
					Rate	Fee	Rate	Fee
Total Claims (37 CFR 1.16(j))	***	MINUS	**	*	=	x \$	=	x \$
Independent Claims (37 CFR 1.16(i))	***	MINUS	*****	=	=	x \$	=	x \$
Total Additional Fee \$							OR \$	
<p>* If the entry in (D) is less than the entry in (C), Write "0" in column 3.</p> <p>** If the "Highest Number of Total Claims Previously Paid For" is less than 20, Write "20" in this space.</p> <p>*** After any cancellation of claims.</p> <p>**** If "A" is greater than 20, use (B - A); if "A" is 20 or less, use (B - 20).</p> <p>***** "Highest Number of Independent Claims Previously Paid For" or Number of Independent Claims in Patent (C).</p> <p><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.</p> <p><input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____. A duplicate copy of this sheet is enclosed.</p> <p><input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees under 37 CFR 1.16 or 1.17 which may be required, or credit any overpayment to Deposit Account No. <u>01-2135</u>. A duplicate copy of this sheet is enclosed.</p> <p><input type="checkbox"/> A check in the amount of \$ _____ to cover the filing / additional fee is enclosed.</p> <p><input checked="" type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p> <p style="text-align: center;">WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</p>								
November 16, 2001 Date				 Signature of Applicant, Attorney or Agent of Record <u>Paul J. Skwierawski, Reg. No. 32,173</u> Typed or printed name				